PTO/SB/22 (06-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE
Uniter the paperwork Region Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

Application Number 09/673,958 Filed August 13, 2001 Application Number 09/673,958 Filed August 13, 2001 For A Human Derived Immortalized Liver Cell Line Art Unit 1635 Examiner B. Whiteman This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee	1.5	.0				
For A Human Derived Immortalized Liver Cell Line Art Unit 1635 Examiner B. Whiteman This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee	PETITION FOR 经XTENSION OF TIME UNDER 37 CFR 1.136(a)					
Art Unit 1635 Examiner B. Whiteman This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entitiv Fee	Application Number 09/673,958			Filed August 13, 2001		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Ege Small Entity Fee	For A Human Derived Immortalized Liver Cell Line					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Eee Small Entity Fee	Art Unit 1635		·	Examiner B. Whit	eman	
See Small Entity Fee Smal						
The Director has already been authorized to charge fees in this application to a Deposit Account. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500799	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
Two months (37 CFR 1.17(a)(2)) \$420 \$210 \$			<u>Fee</u>	Small Entity Fee		
Three months (37 CFR 1.17(a)(3)) \$950 \$475 \$ Four months (37 CFR 1.17(a)(4)) \$1480 \$740 \$ Five months (37 CFR 1.17(a)(5)) \$2010 \$1005 \$ Applicant claims small entity status. See 37 CFR 1.27.	xx One m	onth (37 CFR 1.17(a)(1))	\$110	\$55	\$ <u>110.00</u>	
Four months (37 CFR 1.17(a)(4)) \$1480 \$740 \$ Five months (37 CFR 1.17(a)(5)) \$2010 \$1005 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number	☐ Two m	onths (37 CFR 1.17(a)(2))	\$420	\$210	\$	
Five months (37 CFR 1.17(a)(5)) \$2010 \$1005 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500799 I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 10/01/2004 MAHKED1 00000023 500799 09673958 I am the	☐ Three	months (37 CFR 1.17(a)(3))	\$950	\$475	\$	
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500799. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 10/01/2004 MAHKEDI 00000023 500799 09673958 I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Signature Elaine M. Ramesh, Ph.D., JD (847) 383-3391 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	☐ Four m	onths (37 CFR 1.17(a)(4))	\$1480	\$740	\$	
□ A check in the amount of the fee is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director has already been authorized to charge fees in this application to a Deposit Account. □ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500799 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 10/01/2004 MAHRED1 00000023 500799 09673958 I am the □ applicant/inventor. □ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). □ attorney or agent of record. Registration Number 43,032 □ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. □ Signature 10/2004 MAHRED1 00000023 500799 09673958 ■ A CHARGE 11/2004 MAHRED1 00000023 500799 09673958 Was a signate of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). Was a signature of agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. The statement under 37 CFR 1.34. Registration number if acting under	☐ Five m	onths (37 CFR 1.17(a)(5))	\$2010	\$1005	\$	
□ Payment by credit card. Form PTO-2038 is attached. □ The Director has already been authorized to charge fees in this application to a Deposit Account. □ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500799 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 10/01/2004 MAHHED1 00000023 500799 09673958 I am the □ applicant/inventor. □ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). □ attorney or agent of record. Registration Number 43,032 □ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. □ Signature 9/29/64 □ Signature 9/29/64 □ Typed or printed name 10(847) 383-3391 □ Typed or printed name 10(847) 383-3391 □ Telephone Number	Applicant claims small entity status. See 37 CFR 1.27.					
The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500799 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 10/01/2004 MAHHED1 00000023 500799 09673958 I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent under 37 CFR 1.34. Registration number 43,032 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 Signature Elaine M. Ramesh, Ph.D., JD (847) 383-3391 Typed or printed name Telephone Number	☐ A check in the amount of the fee is enclosed.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500799 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 10/01/2004 MAHNED1 00000023 500799 09673958 I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 43,032 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 Signature Flaine M. Ramesh, Ph.D., JD (847) 383-3391 Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	☐ Payment by credit card. Form PTO-2038 is attached.					
to Deposit Account Number 500799 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. 10/01/2004 MAHHED1 00000023 500799 09673958 O2 FC:1251 110.00 DA	The Director has already been authorized to charge fees in this application to a Deposit Account.					
Provide credit card information and authorization on PTO-2038. 10/01/2004 MAHMED1 00000023 500799 09673958						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 43,032 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 Signature Flaine M. Ramesh, Ph.D., JD Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Provide eradit eard information and authorization on DTO 2029					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 43,032 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 Signature Elaine M. Ramesh, Ph.D., JD Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I am the	applicant/inventor.	02 FC:	110.00 DA		
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 Signature Flaine M. Ramesh, Ph.D., JD Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Registration number if acting under 37 CFR 1.34 Slaine The Monach Signature Elaine M. Ramesh, Ph.D., JD Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	хIX	attorney or agent of record. Registration Number <u>43,032</u>				
Signature Elaine M. Ramesh, Ph.D., JD Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Elain	e ne Romech		9/29/	04	
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Signature			Date		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Elaine M. Ramesh, Ph.D., JD		(847) 383–3391			
signature is required, see below.	Typed or printed name			Telephone Number		
Total of forms are submitted.						
	Total of					

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.